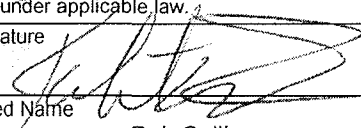
 EPA United States Environmental Protection Agency Washington, DC 20460		<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 88341-G		2. EPA Product Manager Demson Fuller	
4. Company/Product (Name) T.A. Comb, LLC / PureMax		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) T.A. Comb, LLC 48 South Mill Street Hopkington, MA 01748 <u>PLEASE SEND ALL CORRESPONDENCE TO</u> <u>"CONTACT POINT" LISTED BELOW</u> <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. <u>1706-242</u> Product Name <u>Purate</u>	
Section - II			
<input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification - Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input checked="" type="checkbox"/> "Me Too" Application <input type="checkbox"/> Other - Explain below	
Explanation: Use additional page(s) if necessary. (For section I and Section II.) Submission of PRIA registration application (A532) for the product PureMax.			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt. _____ No. per container _____	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt _____ No. per container _____	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Sherri Gray		Title Authorized Representative	Telephone No. (Include Area Code) 703-528 8968
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <div style="text-align: center; border: 1px solid black; padding: 5px;">(Stamped)</div>
2. Signature 		3. Title Manager	
4. Typed Name Bob Sullivan		5. Date September 17, 2014	